

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |   | Docket Number: 190463.01  |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
|---|---|---|-----------|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|-----------|---|--------|-------|----------|--|--------|--------|----------|
| Application Number : 10/021,291   |   | Filed : October 22, 2001  |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <b>For: Schema-Based Services For Identity-Based Access To Profile Data</b>   |   |   |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <b>Art Unit: 2164</b>   | <b>Examiner: Wong, Leslie</b>   |   |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| This is a request under the provisions of 37 CFR 1. 136(a) to extend the period for filing a reply in the above identified application.   |   |   |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |   |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <table> <thead> <tr> <th></th> <th style="text-align: center;"><b>Fee</b></th> <th style="text-align: center;"><b>Small Entity Fee</b></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$55</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$215</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$490</td> <td>\$1020.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1. 17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$765</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1040</td> <td>\$ _____</td> </tr> </tbody> </table> |   |   |           | <b>Fee</b> | <b>Small Entity Fee</b> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$55 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$215 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$490 | \$1020.00 | <input type="checkbox"/> Four months (37 CFR 1. 17(a)(4)) | \$1590 | \$765 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1040 | \$ _____ |
|   | <b>Fee</b>  | <b>Small Entity Fee</b>   |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120   | \$55  | \$ _____  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450   | \$215   | \$ _____  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020  | \$490   | \$1020.00 |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1. 17(a)(4))   | \$1590  | \$765   | \$ _____  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160  | \$1040  | \$ _____  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>50-0463</u> . I have enclosed a duplicate copy of this sheet.  |   |   |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |   |   |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| I am the  | <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,773</u> .<br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____. |   |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <br><u>James R. Banowsky</u><br>Signature<br>Typed or printed name  |   | <u>June 19, 2006</u><br>Date<br><u>(425) 705-3539</u><br>Telephone Number |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |   |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |
| <input type="checkbox"/> Total of _____ forms are submitted   |   |   |           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |           |   |        |       |          |  |        |        |          |